



## TENNESSEE DEPARTMENT OF AGRICULTURE

**KEN GIVENS**  
COMMISSIONER

**REGULATORY SERVICES**  
ANIMAL HEALTH

### APPLICATION FOR ANIMAL FRIENDLY SPAY/NEUTER GRANT

#### APPLICANT INFORMATION

(Attach additional sheets if necessary to complete requested information)

**1. LEGAL NAME:**

**2. MAILING Address Information** (include mailing address, street, city, county, state, zip code):

☐ Check if address change

**3. PAYEE Mailing Address** (if different from above):

☐ Check if address change

**4. FEDERAL TAX ID NUMBER:**

**5. TYPE OF ENTITY:**

☐ Nonprofit Organization (501(c)3)

☐ Governmental Agency (animal shelter)

**6. PROJECT CONTACT PERSON:**

Name:

Phone:

Fax:

E-mail:

**7. FINANCIAL OFFICER:**

Name:

Phone:

Fax:

E-mail:

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| <b>8. AMOUNT REQUESTED:</b>  |
| <b>9. What county(ies) does your spay/neuter program cover?</b>  |
| <b>10. General socioeconomic need (e.g., poverty levels, unemployment, per capita income, occupational data, etc.):</b>  |
| <b>11. What is the population of the county where the organization/agency is located?</b>  |
| <b>12. What is the target population (e.g., low income, indigent, elderly, shelter animals, etc.) intended to be served by the program funded by this grant?</b>                     |
| <b>13. How does your organization target low-income dog and cat owners (describe how the applicant defines, ascertains, and verifies that the person is financially challenged):</b> |
| <b>14. Describe and quantify, to the extent possible, the pet overpopulation problem in your community using your agency's data and any other meaningful estimates.</b>              |
| <b>15. How many dogs and/or cats were spayed/neutered by your organization/agency during the last year?</b>  |
| <b>16. How long has your spay/neuter program been in operation (month and year if possible)?</b>   |
| <b>17. What is the average cost per procedure for the program for which the grant is requested?</b>  |

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| <b>18. How many spay (female) procedures were performed over the past year by your organization/agency?</b>   |
| <b>19. How many neuter (male) procedures were performed over the past year by your organization/agency?</b>   |
| <b>20. Describe what community collaborations, if any, exist and how this grant will foster the creation or extension of those collaborations:</b>    |
| <b>21. If grants from other organizations are anticipated, please tell us from whom and how much has been requested or awarded.</b>                   |
| <b>22. Designate who will perform spay/neuter surgeries (must be a licensed Tennessee veterinarian) and include current Tennessee license number:</b> |
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| <b>23. Explain how post-surgical monitoring and care will be managed:</b>   |

24. **ATTACH** – A narrative, two typed pages or less, describing how this grant will increase the number of spay/neuter surgeries in your community.

25. **ATTACH** - Organizational structure of the applicant.

Nonprofit entities - please attach a copy of the IRS letter designating your organization as a 501(c) 3 with a current list of officers and directors.

Governmental agencies – please attach a statement of authorization from your local governing agency official (e.g., mayor, county executive, etc.)

26. **ATTACH** - Financial statement (profit/loss summary) covering a recent twelve (12) months of operation (the last calendar or fiscal year, which ever is more recent). **(Do not submit a budget statement. A formal audit is not required).** Government agencies must limit their financial statement to the unit specifically designated to provide spay/neuter services (e.g., animal control). Organizations not submitting a financial statement with their application will not be considered for a grant.

**\*\*\*\*Failure to answer ALL questions and provide attachments as requested may result in disqualification of grant proposal.**

**Signature of organization/agency representative:**

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**Signature**

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**Title**

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**Date**